

Please type a plus sign (+) inside this box → [+]

PTO/SB/50 (02-01)
Approved for use through 01/31/2004. OMB 0651-0033
U.S. Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.	740819-617
First Named Inventor	Kenji ORITA
Original Patent Number	6,117,700
Original Patent Issue Date (Month/Day/Year)	September 12, 2000
Express Mail Label No.	

APPLICATION FOR REISSUE OF: ☒ Utility Patent ☐ Design Patent ☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (*amended, if appropriate*)
4. ☒ Drawing(s) (*proposed amendments, if appropriate*)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. ☐ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No
(If Yes, check applicable box(es))
 - ☒ Written Consent of all Assignees (PTO/SB/53)
 - ☒ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(If applicable, all of the following are necessary)
 - a. ☐ Computer Readable Form (CFR)
 - b. Specification Sequence Listing on:
 - i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
 - ii ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

10. ☐ Statement of status and support for all changes to the claims. See 37 CFR 1.173(c).
11. ☐ Original U.S. Patent for surrender
 - ☐ Ribboned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119) (*If applicable*)
13. ☒ Information Disclosure ☒ Copies of Statement (IDS)/PTO-1449 Citations
14. ☐ English Translation of Reissue Oath/Declaration (*If applicable*)
15. ☒ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503) (*Should be specifically itemized*)
17. Other: Offer to Surrender Patent

18. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label 22204 or ☐ Correspondence address below

(Insert Customer No. or Attach bar code label here)

Name

Address

City

State

Zip Code

Country

Telephone

Fax

NAME (Print/Type)

Eric J. Robinson

Registration No. (Attorney/Agent)

38,285

Signature

Date

11-13-01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Box Reissue, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 740819-617		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 15	Total Claims (37 CFR 1.16(j))	(B) 15	**** 0 =	X \$ _____ =		or	X \$ _____ =	
(C) 2	Independent Claims (37 CFR 1.16(i))	(D) 2	* 0 =	X \$ _____ =			X \$ _____ =	
Basic Fee (37 CFR 1.16(h)) \$ _____							\$ 740	
Total Filing Fee \$ _____							OR \$ 740	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 43	MINUS	** 20	* = 23	X \$ _____ =		X \$ 18 _____ =	414
Independent Claims (37 CFR 1.16(i))	*** 6	MINUS	***** 3	= 3	X \$ _____ =		X \$ 84 _____ =	252
Total Additional Fee \$ _____							OR \$ 666	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ Please charge Deposit Account No. _____ in the amount of _____
A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 19-2380.
A duplicate copy of this sheet is enclosed.

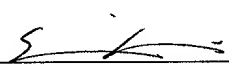
☒ A check in the amount of \$ 1,406.00 to cover the filing / additional fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

11-13-01

Date



Signature of Applicant, Attorney or Agent of Record

Eric J. Robinson

Typed or printed name

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.